BEST AVAILABLE COPY SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE 10/579449 FEE CALCULATION SHEET APPLICANTISI · (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AS FILED 1"AMENDMENT AFTER. 1 MANIENDMENT (*AMENDAIENT 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 19 - .70 74 <u>26</u> 27 35·

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